ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | 3/30/01 |
| O.I.P.E. CLASSIFIER | EAN | 11 | |
| FORMALITY REVIEW | MD | 579 | 3/13/01 |
| RESPONSE FORMALITY REVIEW | MM | 780 | 5-25-01 |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✔ | ................................ Rejected | N ................................ Non-elected |
| = | ................................ Allowed | I ................................ Interference |
| – | (Through numeral)... Canceled | A ................................ Appeal |
| ÷ | ................................ Restricted | O ................................ Objected |

| Claim Final | Original | Date 6/2/01 |
|---|---|---|
| 1 | | ✔ |
| 2 | | ✔ |
| 3 | | ✔ |
| 4 | | ✔ |
| 5 | | ✔ |
| 6 | | ✔ |
| 7 | | ✔ |
| 8 | | ✔ |
| 9 | | ✔ |
| 10 | | ✔ |
| 11 | | ✔ |
| 12 | | ✔ |
| 13 | | ✔ |
| 14 | | ✔ |
| 15 | | ✔ |
| 16 | | ✔ |
| 17 | | ✔ |
| 18 | | ✔ |
| 19 | | ✔ |
| 20 | | ✔ |
| 21 | | ✔ |
| 22 | | ✔ |
| 23 | | ✔ |
| 24 | | ✔ |
| 25 | | ✔ |
| 26 | | ✔ |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)